

Message

From: Ex. 6 Personal Privacy (PP)

Sent: 6/3/2020 5:00:56 PM

To: Ex. 6 Personal Privacy (PP)

CC: Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Ah, because we're doing this exercise for all cases over 90 days, not just for the "static backlog" list, is that right? I was confused by the reference to multiple RAD tracking sheets, but I think that's because my mind was stuck on only the "static backlog" before.

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 03, 2020 12:57 PM

Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Yes, the backlog case tracker, and I think Ex. 6 Personal Privacy (PP) has a spreadsheet for the dedicated team (although I need to confirm that).

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 3, 2020 12:55 PM

To: Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Cc: Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Hi Ex. 6 Personal Privacy (PP) -- When you suggest adding this info to the "current RAD tracking sheets" do you mean the Backlog Case Tracker? Or are you referring to some other RAD tracking sheets for backlog cases?

Ex. 6 Personal Privacy (PP)

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 03, 2020 12:53 PM

To: Ex. 6 Personal Privacy (PP)

Cc: Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Hi all,

Attached is a draft spreadsheet that may change based on what RAD wants to do to prioritize within each bin.

I am concerned with this being a separate spreadsheet from RADs current tracking sheets (I think the dedicated team has a spreadsheet...?), as it will just lead to inconsistencies and confusion. My suggestion would be to add a column in the current RAD tracking sheets with a dropdown with our bins (that PMs are in charge of) and add columns for the sub-

categories that RAD can use to prioritize within the bins. And have a written down prioritization and sub-prioritization in place that the assessors can look at to work their way through the cases.

What do you think?

Ex. 6 Personal Privacy (PP)

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 3, 2020 12:30 PM

To: Ex. 6 Personal Privacy (PP)

Cc: Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Sounds good, thanks!

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 03, 2020 12:25 PM

To: Ex. 6 Personal Privacy (PP)

Cc: Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Hi Ex. 6 Personal Privacy (PP)

We are creating the spreadsheet, but Ex. 6 Personal Privacy (PP) and I would like to talk to RAD before having program managers take the time to fill it out, to see if RAD wants additional information for their sub binning. We would also want to include rework as another column to check as we think those cases should be closed out first.

I feel like this prioritization is really only for health reports as we don't have to wait a long time for other disciplines. Maybe they join these bins once they are waiting for health.

Let me know if you don't agree with any of this.

Ex. 6 Personal Privacy (PP)

From: Ex. 6 Personal Privacy (PP)

Sent: Wednesday, June 3, 2020 12:13 PM

To: Ex. 6 Personal Privacy (PP)

Cc: Ex. 6 Personal Privacy (PP)

Subject: RE: Priorities

Can one of you set up a spreadsheet on SharePoint for PMs to fill in?

Bins:

Expected Consent order (where company already agrees to sign)- just waiting for health report

Expected Not likely determination (straight of follow-up SNUR)

Expected Not likely determination based on a SNUR

Other cases (These are cases that don't fit in any of the other priority buckets –recommend prioritizing oldest SIF to newest SIF)

There should be columns to mark or check as yes or no if the case was/is a Deep Dive case or a low hanging fruit case.

One question—for the NLs, are these cases where we're just waiting on health reports?

Does that cover it?

From: Ex. 6 Personal Privacy (PP)
Sent: Tuesday, June 02, 2020 12:02 PM
To: Ex. 6 Personal Privacy (PP)
Cc:
Subject: Priorities

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP) and I met yesterday and brainstormed per your suggestion and here is what we came up with:

1. We need to identify cases that we can complete in June.
 - a. Identify cases that have completed RAD reports ("Done Done") – Of those identify ones we think have an excellent chance of being completed (e.g. NL documents where we have SDS or can get it quickly; Consent orders where company has agreed to sign).
 - b. Identify cases that RAD can commit to completed by June. RAD should identify cases from the buckets below. Recommend a meeting with RAD to discuss.
2. Below are the lists of priorities that are being thrown at RAD. Once we have the list of "buckets" we will need management to identify which are highest priority. We recommend that RAD/CCD meet together to identify those cases from these lists of priorities that can be completed quickly vs. ones that require greater resources. This will help decide what can be done in June. Here are the list of priority buckets we thought of so far:
 - a. Deep Dive cases
 - b. Hair on Fire cases
 - c. Based on SNUR cases
 - d. Low Hanging Fruit cases
 - e. Rework (from [redacted] PMN "done done" folder)
 - f. Consent orders (where company already agrees to sign)- just waiting for health report
 - g. Lung Tox cases (seems like the non-ionic surfactant cases can be completed quickly)?
 - h. Other cases (These are cases that don't fit in any of the other priority buckets – could we recommend oldest SIF to newest SIF)?

Other thoughts:

1. Long Term Testing: for those cases coming back from RAD indicating risk for the intended use which would require an upfront testing order—can these be moved to long term testing if the company is amenable to doing the testing and provide a schedule? – (provided they would not be able to submit the data before 9/30? This will save time and resources if we don't have to do an order that would accomplish the same thing. (e.g. the company doing the study). Our understanding is that the cases in Long Term Testing are not considered backlogged. Therefore it would be a way to reduce the backlog for those cases that fit the criteria and maximize resource for other cases.
2. New cases: Under the law we are allowed to suspend for an additional 90 days to mitigate the risks after the original day 90. Could we recommend reviewing cases on the dedicated team from oldest to newest? Under the

statute we are allowed to suspend for 90 days after the day 90 to address risks which would put some of the newer cases due after 9/30 if we need to suspend for the full time. If we miss the day 90 they would still count as backlog cases but they would be still within the scope of what the statute allows.

3. Jumping the line: Once a RAD reviewer starts a case, we want to recommend that the reviewer is allowed to complete that case before being pulled to work on a crisis “hair on Fire/deep dive” or other “crisis of the moment”. We realize that there are times when an emergency occurs and the reviewer will have to stop work to work on something else but this should be the exception rather than the rule. We have a lot of ‘almost’ done cases that have been put aside because of the “priority of the moment” which is an ever moving target and very inefficient.
4. Consent Orders: Should we prioritize the cases where we know we are doing consent orders, company has already agreed to sign it, and we are just waiting on the health report. Consent orders require more time for CCD because we have to wait for the company to sign. Therefore, would it make sense to do these sooner rather than later to allow time for the extra steps? – something to consider when prioritizing cases. How much lead time does CCD need?

Recommended next steps:

1. We recommend sharing this list with the branch to glean additional insight/thought/ideas that we may have missed. Finalize buckets.
2. Management needs to prioritize the buckets.
3. CCD/RAD meet to look at cases from each bucket that can be done in June – beginning with the buckets that Management deems most important.
4. RAD needs to clearly communicate what their capacity is for how many cases they can complete based on resources available.
5. Give June list to management. Based on agreed upon cases.